SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) 09/926791 CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED DEP. IND. IND. DEP. IND. DEP. IND. DEP. IND. DEP. DEP. IND <u>17</u> .8 :0 TAL TOJAL TOTAL DEP. 12.0 ¿PATALS MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS VIS. DEPARTMENT OF COMMERCE